Approved for use through 7/31/2008. OMB 0651-0032 ademark Office; U.S. DEPARTMENT OF COMP.

PATEN				ON RECORD	iomation unte	SS d disp	ays a valid OMB	control numb
Substitute for Form PTO-875						Application // Docket Humber		
C	LAIMS AS FILE	D - PART I					OTHE	
(Column 1)			(Column 2)		SMALL ENTITY		OR OTHER THAN	
FOR	NUMBER FILE	D NUM	BER EXTRA	RATE		1		1
BASIC FEE D7 CFR 1.16(a))				HAIE.	FEE		RATE	FEE
TOTAL CLAIMS	7			┫┟──	\$	OR		:750
D7 CFR 1.16(c)) POEPENDENT CLAIMS	minus	20 s ·	0	X \$ a		OR	x s	
(37 CFR 1.16(b))	minus	3	_0	× 8		O.R	xs .	
MULTIPLE DEPENDENT CLADA PRESENT (37 OFR 1.18(4))				+5				
" If the odderance in column 1 is less than zero, enter "O" in column 2.				- L		OR	+5	
CLAIMS AS AMENDED - PART II				TOTAL		OR	TOTAL	750
	MO WO AMENDE	U - PARTII						
	otuma !)	(Column 2)	(Cotumn 3)	SMALL E	NTTY	OR	OTHER	
~ Pr	CLAIMS EMAINING	HIGHEST NUMBER	PRESENT		$\neg \neg$		SMALL	ENTITY
Z AM	AFTER ENDMENT	PREVIOUSLY PAID FOR	EXTRA	RATE	ADDI- TIONAL		RATE	. ADDI-
(37 CFR 1,16(d)	7 Minus		. 0	 	FEE			FEE
Z Independent •	Minus	1	1.0	X 5		OR	x s =	
Total (B CFR 1.8(q) Lindquendent (B CFR 1.8(q))			. 0	X 3 =	- 1	ÓR.	xs =	
THIS I PRESENTATION OF MAILTIPLE DEPENDENT CLAIM OF CER LIGHT				+3 .				
М,				TOTAL		OR	+5 +	
ا د ا				ADDIFEE		OR	ADD'L FEE	
	lumn 1)	(Cotumn 2)	(Cotumn 3)				_	
MY 101 RE	LAIMS MAINING	HIGHEST. NUMBER	PRESENT	RATE		ľ		
	FTER NOMENT	PAD FOR	EXTRA	1 /2	ADD+ TIONAL	\setminus	RATE	ADDI
Total	. Minus	1 - 775 T			FEE	A		FEE
to cea i rebit	Minus	12Y		× 5 3		OR	X:	
<u>-</u> -			·	x 5 a		OR	x 3	
FIRST PRESENTATION OF MILTIPLE DEPONDENT CLAIM (37 CFR 1.16(d))					7	t		
				TOTAL	$-\mathcal{H}$	OR L	TOTAL	_
<i>tmot</i>				ADD'L FEE	$-\lambda$	OR	ADD'L FEE	
	AIMS	(Cotumn 2)	(Column 3)		_	•		
1,7/2() YREN	AINING	HIGHEST NUMBER	PRESENT	RATE	ADDI	\[\[\[\]		
AME	TER NOMENT	PREVIOUSLY PAID FOR	EXTRA		TIONAL	1	RATE	ADDI- TIONAL
Total (IV CFR LARCE)	Minus	-20		1	FEE	- 1		FEE
Independent *	/ Ninus	2		× 1		OR E	·	
	<u></u>	0		X 5 +		OR Z	: 3 =	
AFTER AMENDALENT PREVIOUSLY EXTRA TOTAL (ID CR 1.14(p)) Minus "" " " " " " " " " " " " " " " " " "				+5 .	1	6 R		
				TOTAL ADD'L FEE		-	OTAL	
" If the entry in column 1	is loss than the ontry	in column 2, write	"O" in column 3,			OR A	DOJ LEE	
" If the "Hinbact Number	Promously Paid For	IN THIS SPACE IS	less than 20, er	ter "20".				
	reveusly Paid For (otal or Independen	M) is the highest	number found in the	annonciale &			

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an epidication. Confidentiasty is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including pathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Paterd and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.